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ALUMNI REPORT

PUBLISHED BY
THE ALUMNI ASSOCIATION OF THE
PHILADELPHIA COLLEGE
OF PHARMACY.

VOL. XXIX. NOVEMBER, 1892. NO. 2

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THE

PHARMACEUTICAL MEETINGS,

1892–1893.

The second Pharmaceutical Meeting of the Philadelphia College of Pharmacy, of the series of 1892-1893, will be held at the College, on **Tuesday afternoon, November 15, at 3.30 P.M.** A paper will be read upon the subject of: **Indigenous Medicinal Plants, by Joseph Crawford, Ph.G. The Applications of Compressed Gases in Medicine and Pharmacy** will be discussed, and illustrated by apparatus from the S. S. White Manufacturing Co. Time permitting some additional matter of interest will be presented in the form of queries.

A cordial invitation to everyone is extended.

Committee on Pharmaceutical Meetings,

G. M. BERINGER, Chairman,
PROF. HENRY TRIMBLE,
JOS. W. ENGLAND,
DR. C. B. LOWE,
WM. McINTYRE.

THE

SOCIAL MEETINGS,

1892–1893.

The second Social Meeting of the Alumni Association of the Philadelphia College of Pharmacy will be held at the College, on **Tuesday afternoon, November 22, at 3 P.M.** The programme will be an address on the subject of: **First Aids to the Wounded, by Dr. J. Chalmers DaCosta.**

Miss Frances E. Peirce, of the Mt. Vernon Institute of Elocution, with her pupils, will also be present. The programme will be:

SWORE OFF, by Mahlon G. Baily.

RUGGLE'S DINNER PARTY, by Fannie G. Clark, B. E.

Mr. Baily took the class medal at the last commencement of the Institute on his piece, and Miss Clark won the first graduating medal on the same occasion.

A cordial invitation to pharmacists and the public generally is extended.

Committee on Social Meetings,

DR. C. B. LOWE, Chairman,
DR. A. W. MILLER,
WM. A. BULLOCK,
JOS. W. ENGLAND,
DR. J. L. D. MORISON.

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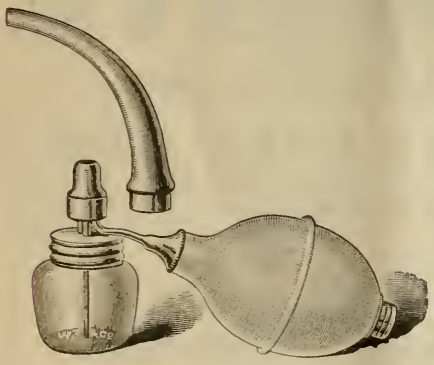

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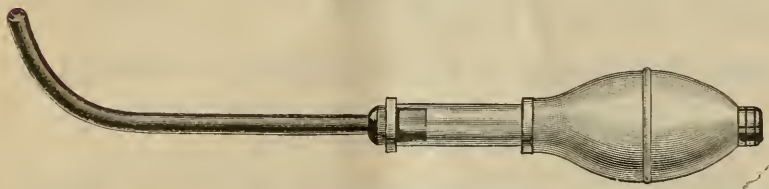

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ALUMNI REPORT

PUBLISHED BY THE ALUMNI ASSOCIATION OF THE PHILADELPHIA COLLEGE OF PHARMACY.

EDITOR: JOSEPH W. ENGLAND, PH.G.

BUSINESS MANAGER: WM. NELSON STEM, PH.G.

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VOL. XXIX. NOVEMBER, 1892. NO 2.

EDITORIALS:

A CASE OF MIND-BLINDNESS.

In an editorial contained in *The Medical Brief* (1892, p. 946) published in St. Louis, upon the subject of "The Doctor and the Druggist," certain statements therein made are deserving of comment. The editor says, in part, that:

> The average druggist knows very little of pharmacy. Many of us, particularly among the younger members of the profession, have been intensely mortified by the appearance of a prescription when filled. Perhaps we have ordered a drug insoluble in the mixture prescribed. It does not occur to the druggist to introduce a medium which will hold it in suspension, or a small quantity of its natural solvent. He merely throws it in like so much sand, making not only an unsightly, but often a dangerous compound, from the liability of taking the whole amount of the drug at the last dose.

* * *

In the expressive language of the day, this opinion gives us "that tired feeling" so persistently referred to by nostrum makers in their advertisements to the general public. If we were disposed to retort in kind, we might say that: The average

physician knows very little about practical medicine, or rather that part of it relating to the physical and chemical properties of drugs. Many of us, particularly among the younger members of the profession, have been intensely mortified by the appearance of a prescription when filled—mortified because nothing under the glorious orb of day could obviate the various pharmaceutical and chemical incompatibilities contained in it. When a drug insoluble in the mixture was prescribed, how often has it been that the mixture was so alcoholic that no suspending material could be used; and where the drug was insoluble in water and soluble in alcohol, what physician would have justified a druggist in adding even "a small quantity of its natural solvent" without his prior consent? But we will not so retort, for the reason that we do not believe that the sentiments of *The Medical Brief*, in this particular, represent, in any degree, the feelings of the great body of American physicians towards American pharmacists, nor do we think that the description of affairs in the rejoinder represents the feelings of pharmacists towards physicians. On the contrary, it is a welcome sign of the times to note that physicians and pharmacists are coming closer and closer together in professional work and good feeling. Evidence of this fact is not wanting; it is found in the recent creation, by the American Medical Association, of a Section on Materia Medica and Pharmacy—a Section in which to receive delegates from the American Pharmaceutical Association; it is found in the proportion of pharmacists upon the Revision Committee of the U. S. Pharmacopœia, now over one-half; it is found in the reception by the Medical Society of the State of Pennsylvania of delegates from the Pennsylvania Pharmaceutical Association, and it is found in the appeal made to Pennsylvania pharmacists by Pennsylvania physicians (published in this number of THE REPORT) for aid in changing the present Medical Act of this State.

* * *

It is, however, the concluding paragraph of this editoral, which is "richness," and a model of frankness. The editor says:

> The physician does not pretend to be a pharmacist. The more important duties of his profession leave him no time to study pharmacy. The druggist was intended to supplement and aid him in his work, and the failure upon his part to afford this assistance, and the beautiful products offered by manufacturing chemists, together with their manifest willingness to study the interests of the profession in every possible way, render it imperative that physicians should give them proper recognition and support.

This is all very important, if true, but the "African in the woodshed" is revealed when it is stated that in this very number of *The Medical Brief* there is contained some forty-odd advertisements of proprietary remedies. In the face of this, further comment appears to be superfluous.

LEND A HELPING HAND.

It will be remembered that the State Medical Society of Pennsylvania, at its annual meeting in Harrisburg last May, denounced the iniquitous Section 11 of the Pennsylvania pharmacy law (which permits physicians to register as pharmacists without any pharmaceutical examination whatever, whilst it demands that graduates in pharmacy must first be examined before registration) by passing this resolution: "That it is the sense of the Medical Society of the State of Pennsylvania that no physician should be permitted to carry on the retail drug business without proper qualifications, as determined by an examination in practical pharmacy." The passage of this resolution was especially pleasing to Pennsylvania pharmacists, in that it represented the feeling of the best medical element of the State; and it is believed that it will be a powerful aid with which to wipe out the section in question, at the next meeting of the Legislature. The State Medical Society now proposes to have amended the State medical law of Pennsylvania, and has, through its Legislative Committee, addressed a letter similar to the following to each member of the Pennsylvania Pharmaceutical Association:

MR. JOSEPH W. ENGLAND.

DEAR SIR:—At the last meeting of the Medical Society of the State of Pennsylvania the members of the Legislative Committee had several conferences with Mr. Redsecker, of Lebanon, Chairman of the Legislative Committee of the Pennsylvania Pharmaceutical Association, with reference to legislative matters. The resolution of your association to aid our State Society in the passage of the Medical Examiners Bill was received with great satisfaction by us, and a resolution was passed by the State Society that it was the sense of the society that no physician should be permitted to carry on a retail drug business without proper qualifications, as determined by an examination in practical pharmacy. You will see, therefore, that our physicians are in accord with you as to the necessity of an amendment in your pharmaceutical law. Will you not take steps to interest the members of the Legislature from your neighborhood, and the druggists in association with your State organization, to aid in securing the passage of the enclosed bill by the Legislature which meets next January.

Yours truly,

JOHN B. ROBERTS, M.D.,
Secretary Legislative Committee,
1627 Walnut Street, Philadelphia.

October 11, 1892.

The bill in question differs very little from the bill of two years ago, except that the examination in practice of medicine and therapeutics is omitted, since this is the disputed point between the regular physicians and the homœopaths and eclectics. The Governor appoints the board and he is not limited in any way as to the sectarian composition of the body, being permitted to make any proportion that he thinks just. Dr. Roberts writes us that he thinks there will be no difficulty in having the bill, before presentation to the Legislature, amended by the line, suggested by Mr. Redsecker, that the sale and dispensing of drugs and medical appliances by druggists shall not be considered an infraction of the law.

* * *

Now, then, "one good turn deserves another." To our members resident in this State, even though not members of the State organization, "lend a helping hand" to your brother physician in his endeavors to secure simple justice; see the Legislative representatives of your district, enlist their interest and sympathy in the work, and when the time comes to amend the State pharmacy law you can confidently rely upon the assistance of the medical element to help you. For copies of the bill address Dr. Roberts.

RÉSUMÉ OF PHARMACEUTICAL MEETING.

The first Pharmaceutical Meeting of the present series was held in the College, on October 18, 1892, at 3.30 P.M. Mr. Wm. B. Webb was called to the chair.

Mr. J. L. Wilson, of Philadelphia, addressed the meeting upon the subject of Shaw's Gas-Testing Machine, exhibiting the same. He claimed that it was possible to detect $\frac{1}{1000}$ per cent. of mine gas with it, whereas the Davy lamp, under usual conditions, will not show less than two per cent. The machine is a form of double air-pump, having a permanent upright cylinder at one end, and a movable one attached to a graduated scale at the other end. Through the one cylinder passes either air or gases, and through the other passes the mine gas or illuminating gas.

After passing through these two cylinders the gases go into a mixer, and then flow into a hollow chamber containing a burning gas-jet, where ignition takes place, and by means of the limited explosion and expansion of the new gases formed, a piston-gong strikes with varying intensity, according to the percentage of ignit-

able gas present. In experiments upon mice in a glass vessel, Mr. Wilson found that absolute H_2S caused death, with extreme rigidity. With even 0·2 per cent. of H_2S death resulted. He regards H_2S as the most deadly gas known. With absolute CO_2 he found death to be instantaneous, but with no muscular rigidity. With twenty-five per cent. CO_2 there was stupefaction; respiration was had by pumping in pure air. With fifty per cent. CO_2 death resulted in one minute. He claimed that Philadelphia illuminating gas contained 1·5 per cent. CO_2. He asserted that the machine would mix gases in any desired per cent., and would show the same to a fraction of a per cent. It could be used to analyze mine gas, coal gas, the gas of city sewers, hospitals and laboratories. It is now being tried as a means of diagnosis in disease.

Professor Remington commented upon the very ingenious character of the machine and its possibilities of usefulness, but took exception to the lecturer's belief that H_2S was the most poisonous gas to the human organism, because it was apparently so to mice. He said that the poisonous capacity of a gas for evil was, to an extent, dependent upon the individual inhaling it. The human system possesses the power of habituating itself to increasing quantities of sulphurous acid gas, ammonia and other gases. In his opinion, the most deadly gas was carbolic acid vapor. No one could breathe that and live.

Professor Maisch exhibited some very fine photographs of cross-sections of certain drugs made by Fred. D. Maisch, of Chicago.

Professor Maisch read a letter from Mr. Chas. E. Hires, of this city, taking exception to a statement made by Geo. M. Beringer, Ph.G., at the Pharmaceutical Meeting held in April last, and reported in the June number (p. 289) of the *American Journal of Pharmacy*, that the vanilla plant was not parasitic, as claimed by Mr. Hires. Correspondents of Mr. Hires in Mexico assert that "they have often cut the plant five or six feet above the root and that it lives from the sap of the tree after the root is cut for two or three years, but by that time its rootlets grow down to the ground again, the plant bearing flowers and fruit during the whole time. On the other hand, when the tree upon which the plant attaches itself dies, the plant fails to propagate and will soon show decay."

Through the kindness of Professor Maisch we are enabled to give, in full, his very interesting comments on Mr. Hires' letter, as they appear in the November issue of the *American Journal of Pharmacy*. They are as follows:

On consulting the Encyclopedia Britannica, 9th edit., xxiv, p. 66, we find that the vanilla plant is stated to have "a long fleshy stem and attaches itself by its aërial rootlets to trees, and appears to be little dependent on the soil for its nourishment." This description applies to an epiphytic plant, but *not to a parasite.* This is further shown from the account of the cultivation, according to which "in Mexico a clearing is made in the forest, where a few young trees, twelve or fifteen feet apart, are left to serve as a *support for the climbing stems* of the vanilla plant." And further: "In Réunion, Mauritius and the Seychelles the young plants are *supported by a rude trellis* made between the trunks of the trees."

The account given in the correspondence quoted in the above letter likewise shows that the plant is epiphytic, and when cut above the ground derives its nourishment from the atmosphere, but not from the sap of the tree as erroneously stated. It is true that as late as the early part of the present century the vanilla plant was commonly regarded, even by botanists, as being parasitic. But Mirbel showed that many plants, hitherto considered parasites, did not live upon the sap of other plants, but needed such plants merely for support, and such apparent parasites were called epiphytes. As early as 1830 Nees von Esenbeck and Ebermaier, Handbuch I, p. 266, stated that the stem of the vanilla plant climbs upon high trees, fastening itself *upon the bark by means of aërial roots.* Substantially the same statement is made by Flückiger and Hanbury in Pharmacographia, p. 657; also by Baillon, "Traité de Botanique Médicale," p. 1438, who carefully distinguishes the "racines adventives" of epiphytes from the "suçoirs" (haustoria) of parasites.

While in the cases cited the term "epiphyte" is not used, the description does not leave any doubt whatever as to the true character of the plant. In addition to these we quote from the works of several other botanists, who, like the above, have studied the plant under cultivation.

Bentley and Trimen, for whose "Medicinal Plants" plate 272 was drawn from a specimen in the Royal Gardens at Kew, where the plant flowers in May, state that "this singular plant is found in the hot, moist woods of several States of Southeast Mexico, *climbing and epiphytic on forest trees.*"

Professor A. Tschirch recently devoted a year or two in different parts of the East Indies to the study of most of the important medicinal and economic plants of that region, and has published the results of his observations in a most interesting and instructive work entitled "Indische Heil- und Nutzpflanzen und deren Cultur" (Berlin, 1892). The book contains photographic reproductions from Java and Ceylon of a vanilla plantation, and of single plants, showing their habit, of *Vanilla planifolia* under cultivation and run wild. In describing the culture of "this unpretentious epiphytic plant, for which neither elegance of growth nor of the flower can be claimed," Prof. Tschirch explains that "since the vanilla is a *climbing epiphyte, its caulomes need a support.* The nature of this support is entirely immaterial, for the vanilla plant, like ivy, does not produce haustoria penetrating into the supporting plant, but merely fastening organs (*Haftorgane*). * * * Since the vanilla plant does not enter into an organic union with its support, it *cannot take any nutriment from the bark of the latter*" (*loc. cit.*, p. 122).

If further proof be desired, it will be found in the anatomical structure of these aërial roots as compared with the haustoria of parasitic plants. The

covering (*velamen radicum*) of the aërial roots of epiphytic orchideæ, and of some aroideæ, more particularly of those inhabiting tropical forests, is very neatly described by Tschirch ("Angewandte Pflanzenanatomie," I, p. 310); the velamen of the aërial roots of *Vanilla planifolia* consists of a single layer of tissue.

Dr. C. B. Lowe exhibited an ingenious syrup can made of tin, by means of which water can be kept saturated with an excess of sugar, and a dense syrup obtained by cold percolation. About one-third from its top, on the inside, the cylindrical can has a removable porous diaphragm, with lateral supports. On the diaphragm is laid a cotton cloth, with the granulated sugar on top; a small pipe soldered to one side of the can permits the passage of air from below the diaphragm to the upper part of the can. Water added occasionally, with the sugar always in excess, gives by cold percolation a dense syrup in the lower part of the container, which can be drawn off as wanted by means of a spigot. Uniform results were had by keeping the container in a cool cellar during summer, and comparatively near the cellar heater during winter. The syrup so made was largely used by Dr. Lowe for making soda-water syrups, and the belief was expressed that the can would be found admirable with which to make fruit syrups.

Professor Remington read a formula for soap liniment proposed by Mr. Geo. W. Sloan, of Indianapolis, for the next Pharmacopœia, and whose adoption is now under consideration by the Revision Committee. He gave a practical demonstration of its workings.

The formula is as follows:

LINIMENTUM SAPONIS.

(*Sloan's Process.*)

Castile soap, in powder,	70 gm.
Camphor, in small pieces,	45 gm.
Oil of rosemary,	10 cc.
Alcohol,	750 cc.
Water, to make	1,000 cc.

Mix the ingredients (except the water) together in a bottle, shake until the camphor is dissolved, then add enough water to make up the required volume and shake; filter.

Mr. Geo. M. Beringer read a paper on "Ehrlich's Urine Test for Typhoid Fever," demonstrating its negative diagnostic value.

THE ALUMNI SOCIAL MEETING.

The first Social Meeting of the Alumni Association of the Philadelphia College of Pharmacy, for the session 1892–93, was held in the College, on the afternoon of October 25, 1892. The meeting was called to order by President C. Carroll Meyer, who, in a few well-chosen remarks, opened the course, and introduced the Chairman of the Committee on Social Meetings, Dr. C. B. Lowe.

Dr. Lowe expressed the pleasure of the committee at the audience present, but regretted that the audience to greet Dr. Cohen was not a still larger one.

He said, in part, that:

In the past we have "hid our light under a bushel;" the time has now come for us to take the light from under "the bushel," to speak our praises, and blow our trumpet more loudly. These Social Meetings of the Alumni Association have been established for a number of years. In them we have taken up a number of subjects outside of the College curriculum, but none the less important for that. Of course, in the College, the teaching must be on certain defined lines; the professors cannot broaden out as widely as they doubtless wish.

The subjects treated at our meetings, from year to year, have been of a scientific nature and of a social nature as well, and have covered a very wide range. Those who have had the privilege of attending them in the past have not only spent many pleasant social hours, but have been mentally profited as well; and I would ask the students present, who have the opportunity of coming here every month, to attend these meetings; and I am sure—I know what they hear will pay them for the sacrifice of time they make in giving us their presence.

This afternoon I have great pleasure in introducing one who is not only well known to the citizens of Philadelphia, but who has also a national reputation; a gentleman who is one of our representative men—one of the lights of the medical profession—Dr. S. Solis-Cohen.

The following address was then delivered:

THE ATTITUDE OF THE MEDICAL PROFESSION TOWARDS THE NOSTRUM TRAFFIC.

By Dr. Solomon Solis-Cohen.

Mr. Chairman, Ladies and Gentlemen:

I am glad to hear that your College is going to come out from under the bushel; "let its light shine," and get a big trumpet and blow it loudly. This is one of the institutions of which Philadelphia can be proud, and the profession of which I am an humble member *is* proud of this Temple belonging to her sister; for the professions of medicine and pharmacy are sisters; they are children of one parent. The time was, in the olden days, when the druggist was the physician, and the physician was the druggist; but the tendency is always to advance; to the division of labor—to specialism; and hence the apothecary's profession, or as it is

better termed, the pharmacist's, has become, to a certain extent, separate, but not altogether distinct from that of the physician. The physician, whose time is occupied in studying problems of disease and endeavoring to find means for remedying disease, has been compelled to give up certain of his studies in order that he may concentrate his attention upon others. Thus that portion of the science of medicine which relates to the botanical or mineralogical, physical or chemical properties of drugs and to the preparation of drugs, except from a therapeutic standpoint, has become the peculiar possession of the profession of pharmacy, and it is the desire of medical men that pharmacists at large should recognize that they are professional men and not mere drug merchants. I frequently consult with my friends in the pharmaceutical profession as to the advances made in that profession, in order that I may avail myself of those advances and give my patients the benefit of them. I could not so consult with those whose only knowledge was of prices current. [Applause.] There is a great difference, then, between the professional pharmacist and the man who sells drugs, just as there is a similar difference between the scientific physician and the man who sells prescriptions, and it is in relation to a matter wherein the distinction alike between the professional pharmacist and the drug merchant, and between the scientific physician and the prescription monger, has been sharply drawn—it is, I say, to a subject in which this distinction between men of study and men of trade is sharply drawn, that your committee has asked me to direct my remarks this afternoon.

"The attitude of the medical profession towards the nostrum traffic," it seems to me, must include as well the attitude of the pharmaceutical profession towards the nostrum traffic; in that respect the two professions are, or ought to be, one. First, let us see what we mean by a nostrum: It is a preparation, the nature of which is unknown, which is offered as a remedy for disease. The important point of the definition lies in the fact that the composition of the alleged remedy is unknown to anyone save the person who prepares it—if it is known to him. At all events it is not known to the public, either the medical public, the pharmaceutical public or the lay public. Thus it is not subject to analysis, for purposes of test or identification. It is something secret and its commercial value lies in its secrecy. This is the nostrum. Of nostrums, there are two classes in the market: The one class is represented by such preparations as "Warner's Safe Cure," or "Pinkham's Vegetable Remedies," or "Jayne's Expectorant," or so-called remedies of that class, which are offered to the general public. Just as a dealer in clothing might say: "Here's a coat to fit your figure, buy it and be clad," so the nostrum dealer says: "Here is a remedy that fits your disease; come, buy it and be cured;"—and just as likely as it is that one coat will fit all men and all women and all children, the lean and the fat, the short and the tall, the straight and the crooked—just so likely is it that the so-called medicine will fit every case of the diseases for which it is alleged to be a remedy. This is one class of nostrums.

There is another class of nostrums, to my mind a more dangerous class, the manufacturers of which have the impudence to claim special consideration because their products are not placed upon the market for Tom, Dick or Harry to buy for himself as he would buy a coat, but are "advertised to physicians only;" the physician being thus expected to charge Tom, Dick

or Harry a fee for telling him to go and buy the stuff. That is the whole "ethical" difference between the two classes. In the one class the entire spoil—or at least so much as is left after the newspapers and bill-posters have had "their whack"—goes to the manufacturer of the nostrum; in the other class, the "professional nostrum," if we so may term it, the spoil is divided between the manufacturer and the so-called physicians who act as his sales-agents. I think you will agree with me that whatever difference there may be is all in favor of the plain, every-day, patent medicine.

This class of nostrums is represented most offensively at the present time by a certain preparation, offered as a succedaneum for morphine. It was first said to be a "new coal-tar derivative," afterwards it was described as "a new compound of coal-tar derivatives," and now it is "a new combination." The first claim, of course, was untrue; as to the others, I cannot say, they may or may not be true. Novelty is a hard thing to prove. This possibly poisonous stuff has been sent broadcast to physicians and has been used, I am sorry to say, not only by the medical tradesmen, but also by physicians who were not aware of its specious character; who accepted as truth the claim first made for it. No true physician, however, after becoming aware of the facts, has used or ever will use a particle of it. As do all of its kind, it resembles in every essential respect the other class of nostrums. Its composition is kept secret; we do not know whether it is one grain of a poison mixed with nine grains of an inert substance, or whether it is nine grains of poison mixed with one grain of inert substance, or what the combination is.

Of one thing we can be tolerably sure, that so much of it as is sold for a dollar is not likely to be worth more than ten cents in the open market. Otherwise the manufacturers could hardly afford to pay for journal advertisements, so-called clinical reports by subservient medical men, and the samples and things they distribute so freely. What a low opinion these fellows must have of medical men, when they attempt to seduce them with presents of pocket-books and powders! Still they are probably justified to a certain extent in their cynical estimate, by their experience with the few who bring disgrace upon the name of an honorable body.

The American Medical Association, at its recent convention in the city of Detroit, defined sharply, or rather clearly reaffirmed, the attitude of the medical profession toward this class of nostrums. It called the attention of the Trustees of its *Journal* to the fact that its organic law—its constitution—of which its Code of Ethics is a part, forbade physicians to use or recommend, or in any way to facilitate, the use of nostrums. The code says that: "If such nostrum possess real efficacy, any concealment regarding it is inconsistent with humanity and with professional liberality; and if secrecy alone give it value and importance, such craft implies either disgraceful ignorance or fraudulent avarice."

That is the plain and forcible language of the Code of Ethics of the American Medical Association defining the attitude of the medical profession toward nostrums; and at its recent convention in Detroit the Association called the attention of the Trustees of its *Journal* to that language of the Code of Ethics, and to the fact that the advertisement of nostrums in the columns of the *Journal* is in disobedience to the law of the society, and directed them not to repeat the offence. If, as was openly claimed by an

ex-trustee, an ally of the nostrum men, they still do it, and intend to do it in defiance of the will of the Association, then at the proper time they will have to explain their action.

The American Pharmaceutical Association, I am glad to say, and I thank you here now, gentlemen, as representatives of the pharmaceutical profession, for that action—the American Pharmaceutical Association at its last convention passed a resolution expressing sympathy with the American Medical Association and encouragement to persevere in its endeavors to purify itself from all responsibility for the traffic in nostrums.

The two professions, together, can, I think, do much toward ridding the community of this infamous traffic. It is not a subject upon which to mince words—to hunt for smooth expressions—to try to say sharp things in oily language ; it cannot be done. There is something to be broken up and dissolved and we must use acids to dissolve it ; we cannot do it with butter. [Applause.]

The nostrum is secret. Now, how does that secrecy affect its virtue ? In this way: Disease we recognize simply as a departure from a certain standard which we agree to call health. The best definition of health that I have ever seen is modelled on Mr. Spencer's definition of life.

"Life," says Spencer, "consists in the continuous adjustment of internal relations to external relations." Similarly we may say that health consists in the harmonious adjustment of internal relations.

The harmonious adjustment or balanced relation of internal functions with each other—that is health. When this adjustment, this balance of function, this equilibrium of internal life, is disturbed, we have ill health, and when there is great disturbance of the adjustment we have disease. In the vast majority of cases the natural powers of the human frame are amply sufficient, if given a fair chance, to restore the disturbed equilibrium and thus to re-establish good health. As a physician, I am free to say that while I trust the full proportion of my patients reached recovery, I never *cured* a case of anything in my life. No physician ever *cured* anything; what he did, what I have tried to do, was to remove the difficulties that stand in the way of Nature's efforts toward effecting recovery. The physician's business is first to try to prevent disease ; but when disease has occurred, all that he can do, after removing the cause when that is possible, is to watch the progress of the case and see that the patient is always in the best possible position for recovery ; in other words, to watch the struggle between Nature and its enemies and to endeavor to assist Nature to overcome its enemies ; that is all that a physician can do, and that is what the best men of the medical profession are trying to learn how to do. They learn by observing Nature and by getting an insight into the methods and processes of Nature. They don't know everything ; they don't pretend to know everything. They make many mistakes, but as soon as they find out that they are mistaken they are only too glad to acknowledge the mistake, to rectify the error, and to endeavor to gain such knowledge as will prevent similar errors in the future. But at once we see that it all depends upon *knowledge* and upon continuous additions to knowledge. If a patient is ailing with certain morbid phenomena that we agree to give a certain name, small-pox, typhoid fever, or whatever else it may be called—names are unimportant except as they enable us to identify facts—if a patient, suffering with any of these diseases has recovered while he was taking a certain remedy, if we know what that

remedy was, and what it does under other circumstances, and how its action differs from the action of other drugs, or other combinations, it is a help to us in treating similar cases in the future. If we don't know what it was we don't know whether it did good or not, and we don't know under what circumstances we should use it again. It is very easy to be mistaken as to the effect of drugs in disease, even when we know much about them, and have means of comparison; how much more easy it is to be mistaken about drugs that are unknown.

Everything, I repeat, depends upon knowledge; the secrecy of the nostrum prevents this knowledge. If, for example, we give to patient A morphine, and it produces a certain effect, and to patient B morphine, and it produces a different effect, we know that the cause of the difference is some condition of the patient; but suppose that patient B got morphine under a different name—*antialgia*, for example—we might attribute the difference in effect to the drug, when in reality the cause lies not in the drug, but in the patient. See, then, what unfortunate consequences might easily result. We give *antialgia* (which is really morphine), and it produces a bad effect, so we conclude to give morphine. Not only do we get the bad effect of the original dose, but we perhaps give an overdose, a dangerous overdose, by repeating the same thing under a different name. I have no doubt that many patients have been killed or injured by "professional nostrums," through just such errors. Of course, no physician worthy of respect would use secret preparations—but unfortunately there are many men who call themselves physicians, who do use them, or I would not now be talking to you on the subject. Furthermore, as pharmacists know equally with physicians, from their studies in materia medica, every agent which is capable of assisting in the recovery of a patient under certain circumstances, is equally capable of preventing the recovery of a patient under other circumstances. That is to say, there is no substance whatever and no force whatever which can be applied to the human frame for the purpose of reinforcing or modifying natural functions and thus doing good, which, if applied in an improper manner or under unsuitable circumstances, is not equally potent for harm.

Opium, for example, which Boerhaave called "the finger of God," and rightly so, because of its great power for good in the treatment of the sick, is, as we all know, one of the most deadly of poisons when given in improper doses or under circumstances—and physicians recognize many such—forbidding its use. Strychnine, which the physician uses constantly, arsenic, mercury, digitalis, aconite, atropine, indeed the drugs called for by the whole range of prescriptions which come into the pharmacist's hands—are poisonous substances which, when properly used, are powerful for good, but if given improperly or in too great doses or under certain conditions known to physicians, will do damage, or even kill, instead of relieving distress or assisting in recovery.

Here is a preparation placed upon the market, labelled, we will say, "Kidney Cure." It either contains something inert, incapable of doing either harm or good, or it contains something which is capable of doing both, and may do one or the other according to the conditions under which it is applied. What does the maker or the vendor of that "Kidney Cure" know of the conditions present in the unknown individual who walks into a store and buys it? Absolutely nothing. For all that the vendor or manufacturer of it knows that

patient may be—and probably is—buying and taking something which will kill him, whether in a short time or a long time. If it does not directly kill it may do so indirectly, by preventing him from seeking skilled assistance in time to save his life.

For all the vendor or manufacturer knows the patient who asked for a "kidney remedy" may be suffering with a liver disease or a brain disease or no disease whatever. It is true that some of the nostrums are claimed to be equally good for all of the conditions I have mentioned. [Applause.] But they don't all claim as much ; some claim only to be infallible remedies for the diseases of certain organs.

The recognition of disease is in itself an art requiring the most profound knowledge and the most assiduous study, offering sometimes insurmountable difficulties. Even when we have located the seat of disease in a particular tissue or organ or system of organs, it is sometimes extremely difficult to determine the exact lesion or the true nature of the morbid process. I am not ashamed to acknowledge that time and again I have been confronted with cases which I could not satisfactorily explain, in which I could not positively say "this or that is the disease." There is no honest physician but will tell you the same thing. We may be able to say that it is "probably so-and-so," or that it may be one of two or three conditions, and that of these two or three conditions such a one "is most likely ;" and after prolonged study of the case we may settle upon one of these conditions and say "this is it." But every man who in the study of medicine deals not alone with books, but with suffering humanity ; every such man who is honest in his statements, will confess to you that the diagnosis of disease is sometimes the most difficult part of his art.

The nostrum traffic presupposes that the patient is capable of making the diagnosis for himself ; that the untrained man, knowing nothing whatever of the functions of the body or of the manner in which these functions may be deranged ; knowing nothing whatever of the significance of symptoms ; ignorant alike of the language of health or of disease, is able to find out for himself or from reading the circular advertising some infallible cure, that he is suffering with such and such a disease, and then, furthermore, is capable of selecting the proper remedy through the advertisement. A physician, even when he has diagnosticated the case, may find it necessary to carefully study many things before he decides upon the treatment. What may help one patient with "kidney disease" or "heart disease" or "brain disease" may kill another. Aortic stenosis and mitral regurgitation, cardiac hypertrophy and cardiac dilatation, are all "heart diseases"—but each requires different management—nay, each patient needs individual study and specialized treatment. Then again, from year to year, from case to case, the physician's knowledge and skill augment, and his treatment is modified accordingly. But without knowledge, without study, without experience, simply from reading a circular or a newspaper notice, the sick man is to decide for himself that Jayne's or Warner's or Swift's or Pierce's is the medicine he needs. Whichever advertisement, I suppose, presents the gaudiest colors, or the prettiest pictures, or the most atrocious lying, that is the best remedy for his disease ; no difference as to whether the heart beats too freely or too violently, whether the entrance or the exit of blood is obstructed ; no difference as to the cause of the affection, its progress or its

stage; no advance from year to year as knowledge of disease and of remedies increases. I have not hesitated to say elsewhere, and I repeat here, that every dollar received for patent medicines by maker, by vendor, or by newspaper that advertises them, is "blood money;" it is as much the booty of piracy as if it was stamped with the skull and cross-bones. [Applause.] Unfortunately the home of the nostrum traffic—so far as these so-called patent medicines is concerned—is the drug store. When druggists make up their minds to cease to recommend and sell such nostrums the traffic will perish from inanition. That is plain speaking, but I have already told you that this is an occasion for the use of acids, not of butter.

What I have said as to plain speaking applies equally to physicians. With regard to the other class of nostrums, it is so-called physicians who are guilty. I refer of course to that class which is advertised "to the profession only." Let us suppose that the diagnosis has been made; that the skilled observer has had no difficulty in interpreting the symptoms and that he is satisfied as to the cause of the aberration from health and where the lesion is seated. Now comes the question: What is the best thing to do in order that this patient may recover? Perhaps the best thing to do is to do nothing; perhaps the best thing to do is to regulate the diet of the patient or his clothing or his mode of life, or a dozen and one things which have nothing whatever to do with the swallowing of medicine. Perhaps the best thing to do may be to give a drug which through its powerful influence upon the nervous system or upon the heart or upon the functions of secretion or of excretion or in some other way may aid the patient to bear up against some of his troubles, avert certain dangers incident to the evolution of the morbid process, and stimulate the natural processes of recovery.

To recur to a point before spoken of, the exactness with which this can be done depends upon the exactness of our knowledge concerning the agent that it is done with.

If we know that we have given to a certain patient, under certain conditions, one-eighth of a grain of morphine hypodermatically, and that that definite quantity of a known drug given under known conditions has in a certain time produced refreshing sleep, and that the after-consequences have not been harmful, we know then something as to what the power of morphine is. If, however, we have given that patient *anti-something*, a preparation concerning which we know neither what it contains nor how much of that—what have we gained? We know nothing whatever of the action that has taken place within that patient's system, and we have not advanced one step further in our knowledge of the power of any drug. For, remember, this thing which is given us in nostrums is secret. As manufactured to-day, sodium bicarbonate may be put up in tablets, labelled "antimorbine," and sent out for use. To-morrow it may suit the manufacturer to put up calcium carbonate because that may be cheaper; the next day it may suit him to use magnesium oxide. We have no means of knowing what the thing is, and there is no reason whatever why it could not be chalk to-day, soda to-morrow and magnesia the next day. The manufacturer does not say what it is, and no analyst can say, "here is a standard by which I know that this thing is what it is represented to be." It may be useless or useful, harmless or harmful, no one can tell. If not absolutely inert, not even the manufacturer has any means of knowing whether in a given case

it may not be likely to produce death ; and consequently any so-called physician who prescribes remedies of this class is false to the trust reposed in him by his patient, and false to the honorable traditions of his profession. [Applause.]

In this case it is useless to say that skill is entitled to its reward, that "the laborer is worthy of his hire ;" that the man who makes a discovery has a right to the pecuniary benefit belonging to that discovery. Where it is deserved we we will all grant that, freely. The patent laws secure it to him whether we will or not. It is true that a physician would not take out a patent upon anything that he has discovered or invented in medicine, for the reason that the physician, the priest of health, tries to rank himself beside the priest of religion ; his service being first to humanity and to himself only incidentally. He must be able to pay his rent, and to pay the butcher and the baker and the instrument maker, therefore he must charge for his services when the patient is able to pay, just as the minister of a church must have his salary. But like the priest or the pastor he gives much service without pay, and never, if he is worthy the name of physician, is pay his first or his principal object. Think of a priest taking out a patent or holding secret something that would heal the diseases of the soul ! The physician has no objection, however, he can have none, if a druggist or a chemist or anyone not a physician takes out a patent upon anything he discovers, medicines included, for no patent will be granted unless the thing patented is accurately described. That is all we ask for : An accurate description of the substance handed to us as a remedy. If acetanilide or any other drug of that class should yield a pecuniary reward to the man who discovered how to make it or the man who does make it, the profession of medicine is perfectly willing to pay that man his reward in the shape of royalty upon his patent, because his patent protects our patient ; we know what it is that our patient gets ; we have the standard by which to test it. But, as you well know, so-called "patent medicines" are not patented ; "professional nostrums" are not patented. The names are copyrighted, but the manufacturers dare not patent the article or the process of manufacture, for that would "give them away"—would expose any fraud if such were connected with their business, and in any event would destroy the secrecy that gives their products commercial value and fictitious medical importance. What we oppose, then, is neither patents nor the legitimate profits of patent rights, but simply and solely, *secrecy ;* because secrecy, once more to quote the Code of Ethics of the American Medical Association—because secrecy implies either ignorance or fraud. That, I believe, is likewise the position taken by the Committee on Revision of the United States Pharmacopœia, in which both physicians and pharmacists are represented—that nothing shall be admitted to the Pharmacopœia except it is so accurately described that the Pharmacopœia can establish a standard test by which its purity and strength can always be relied upon. That protects patient, physician and pharmacist. It protects the pharmacist, for he cannot be accused of "substitution," of giving something other than what the prescription called for ; he can show that the physician's prescription called for an article which the Pharmacopœia describes in certain language ; and that the article which he dispensed upon that prescription fulfils all the tests and requirements of the description of the Pharmacopœia. It protects the physician, for he knows just what the prep-

aration he writes for consists of, and how it is prepared, and he knows, too, that that drug or that combination will be dispensed and that it will not be one thing to-day and something else to-morrow. It protects the patient, for it prevents him from being made a receptacle for all kinds of advertised drugs, in regard to which neither he nor his physician knows anything as to their power for good or for harm.

The task that lies before us is not an easy one. The battle is only begun, it may not be won for many, many years.

The manufacturers who are interested in this nostrum traffic stop at nothing to further their ends. Let a physician or a pharmacist stand up and speak as I have spoken to you to-day and the whole subsidized press howls out against him; he is a "Pharisee;" he is a "sorehead" or a "humpback;" he assumes "to be better than his fellows;" "he has some personal object;" "he is seeking notoriety." The men who feel only mean motives cannot appreciate any other. Let it be so! Nevertheless, I believe that the men who stand at the head of your College, and you, the men who stand at the head of the American Pharmaceutical Association, and those who are in its rank and file, and those that are daily coming into that rank and file to bear their share of the burden, and to show their share of the needed courage—I believe that you and all of you will undauntedly stand shoulder to shoulder with the American Medical Association against this evil traffic, and will aid us in opposing it and in exposing it.

Let us not be frightened by the howling and the snarling of a few weak or wicked men. Let us not be discouraged if the medical press fails to rally to our support. Just as the newspapers are afraid that if they oppose the ordinary patent medicine they will lose lucrative advertising, so many medical journals are afraid that if they oppose these other proprietary preparations they will lose valuable advertising. Yet there is still a "faithful remnant" left. Let Pennsylvania, always in the lead in medical science, be proud that *The Pittsburg Medical Review* and *The Medical News* of Philadelphia have dared to speak the truth and speak it boldly. Most of the medical journals, however, notably those of New York, preserve a cowardly silence. Others, I regret to say, have sold themselves to the nostrum traffic out and out; some indeed are merely the proprietary organs of nostrum makers. I am sorry to say, too, that there is among those who have received medical degrees a venal class, and men of this class have not hesitated to sell themselves, their names, and such influence as the knowledge of their character has left them, to the nostrum manufacturers. These venal journals and these venal men are the ones that shower abuse upon those who say that this nostrum traffic is a public wrong. Nevertheless, I dare to repeat that it is wrong, and I say that it is doubly wrong, because it is a hindrance in the professional path, alike of the pharmacist and of the physician; because it would make us not independent agents, but merely slaves to execute the decree of our taskmasters. Yes, it is trebly wrong, because the physician and the pharmacist, who become the slaves of the nostrum maker, conspire with him to do evil to the sick.

But we need not be frightened by the vehement vituperation of the venal few. The medical profession, as was exhibited in the action of the American Medical Association, is sound at its core. The American Pharmaceutical Association, I firmly believe, is sound at its core. They have spoken for the

right, and we need not fear that either the one or the other will be tempted to reverse its action or stultify itself in order to further the designs of those whose only object is to put money into their own pockets.

I thank you for your attention. I have been glad of the opportunity to bring this matter before you, and I trust that you will, as druggists, use your powerful influence to discountenance the nostrum traffic in all its phases, that you will enlighten physicians who may thoughtlessly prescribe nostrums; and that you will not consider yourselves at liberty to dispense poisons to anyone who may come and ask for them, simply because these poisons are put up in a big bottle, covered with a colored label and called "Cold Cure," "Kidney Cure," or any other kind of cure. [Applause.]

At the conclusion of Dr. Cohen's address, the Chairman called upon Prof. J. P. Remington for an expression of opinion. Prof. Remington said:

I did not expect to be here this afternoon, but knowing that Dr. Cohen was going to speak upon a subject in which I have felt great interest, I came in. I had the privilege of being at the Detroit meeting when this subject was brought up, and I feel, personally, that we, as pharmacists, are greatly indebted to Dr. Cohen for his work in the profession in reference to this nostrum traffic. I think I can speak for the pharmaceutical profession when I say that the rank and file of our profession would gladly wipe out—or welcome the wiping out—of the entire nostrum traffic. I do not mean to say that the standard of morality in the pharmaceutical profession exceeds that of the medical profession, but that now is the time to make a strong appeal and a determined effort, on both sides, to get rid of it, and pharmacists are worn out with the subject of "cut prices;" but I do not put that forward as the prime reason for such action. I will point to the record of the Philadelphia College of Pharmacy—I point to the Code of Ethics of this grand old institution, where you will find (in the applications for membership), published as long as fifty years ago, that this College put its stamp of disapproval upon the nostrum traffic.

About ten years ago we had a discussion at this College in a joint meeting of physicians and pharmacists. The physicians did not all have the comprehensive intellect of Dr. Cohen, and they could not see anything but the physician's side of the subject, and they advanced the belief that the whole sin of the nostrum traffic rested upon the pharmacist, and they belabored us pretty heavily. Being present, and thinking of the breakers ahead, I asked the President to keep the discussion going for about twenty minutes, if possible. I went out to get evidence, and returned. The physicians were still industriously punishing the pharmacists with the argument: "Why, if the pharmacists who keep these patent medicines did not recommend them, they wouldn't be in existence—there would be no sale for them," etc.

Having a file of prescriptions in my hand, and getting the floor, I asked permission to read a few of them. They were a part of the business of the previous month, and I read *one dozen* prescriptions in which *patent medicines* were prescribed by physicians! Then, of course, it was easy to make the point that pharmacists had to keep patent medicines in order to fill physicians' prescriptions. [Applause.]

Dr. Cohen has put the matter exactly right; we can point to those men in the medical profession who are unworthy to practice—so we can in the profession of pharmacy, and it is not to this class of men that we can ever look for advancement.

We must look to the men who are far-sighted; and not to those who are in the profession solely for the filthy lucre that is in it. Dr. Cohen has told you the whole truth this afternoon. I think the point he made on the diagnosis of disease is a particularly strong one. Oftentimes we hear it said that, "Fools rush in where angels fear to tread;" this is a truism and a trite saying. You will find old people and children who are ignorant and uneducated people, yet they know exactly what is the matter with this great human machine of ours when it is out of order. This is the result of ignorance and cupidity, and they are the twins which support this patent medicine business.

I notice that Dr. Cohen has a number of the students of this College in his audience this afternoon, and I will say to you at this time, that now, while you are going forward in your career and are getting your education—one of the good things that you should carry back home with you, and one of the things that you should never forget, is the lesson, the influence, of this hour, and I am sure that the sentiments expressed will always find an echo in your hearts, if your are true to the best interests of American pharmacy. [Applause.]

On motion, a unanimous vote of thanks was tendered to Dr. Cohen, who, in turn, thanked the Association for their courtesy.

THE SPIRIT OF THE TIMES.

HOW CAN THE RETAIL DRUGGIST BE RELIEVED OF THE BURDEN OF KEEPING SO MANY PROPRIETARY MEDICINES?

By John F. Patton.

This question suggests an evil and presents a problem, the correct solution of which would confer a lasting benefit upon every druggist in the land. In a brief paper like this, we can only hope to indicate the merest plan, and offer a few suggestions how to restrict or lessen the evil.

If we undertake to classify proprietary remedies they naturally fall into three divisions.

First come all those preparations commonly called patent medicines, whose virtues are proclaimed in the extravagant language of the circus bill, and warranted to cure all the ills to which human flesh in heir; and this claim is further fortified with autograph testimonials and with likenesses before and after taking.

If this first class were the limit of the field covered by this query, an easy solution would await the problem; but, in considering the other divisions, you

are led into a maze of ethical questions, to be answered possibly by the distant and enlightening future.

Next in order come the unofficinal preparations of enterprising manufacturers, whose mode of introducing their products to the notice of physicians is of an eminently personal character, by a process known as "working the doctors."

This consists in a personal interview and a display on the part of the representative of an amount of technical knowledge in the application of his remedies to certain diseases, with numerous trial packages, all calculated to impress the physician with the fact that there is but one reliable manufacturer of coated pills, elixirs, cordials, syrups, extracts, etc.

Lastly, we have that subtle class of compounds, to be dispensed only on the prescription of the physician, and whose character is to be recognized by naming some of them, neurosine, tongaline, papine, iodia, bromidia, viburnum compound, listerine, etc. With the present number, whose name is legion, and the coming of others yet unborn, the prospect of eliminating this class of goods from your stock depends upon how long physicians are going to let the manufacturers do their thinking and receive from them instruction in the art of prescribing.

In the recent issue of the *Journal of the American Medical Association*, this matter is discussed in the following language: "It is legitimate, it is necessary, that there shall be special workers to supply in the purest quality and in the best forms the substances which chemical and scientific research have shown to be useful in the management of disease. But these substances must wait the demand for them. For a manufacturer to attempt to create a fictitious demand for his products by assuming the role of a medical instructor, is an insult to the profession and a special insult to each individual practitioner to whom he sends his circular. As we see, such men do not hesitate to manufacture explanations of pathological conditions which will apparently favor the use of their remedies."

How absurd it is for men engaged in commercial pursuits to attempt to solve the great and intricate problems of medicine, and how criminal it is to permit the statement of such interested parties to have the slightest weight in deciding questions of treatment!

These are the firms that send drummers out to assist physicians in their work. There is nothing more aggravating than the representative from such houses. He is frequently a doctor who has failed in his own profession, or who has not yet entered upon it, or else a drug clerk, or a man who has proven himself successful in selling new lines of stoves, or boots and shoes.

And yet these very men attempt to instruct medical men on physiological and pathological points, and means of treatment, when they have once succeeded in forcing themselves upon their attention.

Although much has been said and written in deprecation of the present demoralized condition of the drug trade, it seems to us the cause is not far to seek, and can be described in one word—*Overdone.*

And yet our business is not alone in this respect. In looking over the field of human industry we are impressed with the congested condition of the various professions and businesses. The multiplication of drug stores is far beyond the needs of the people. The crowded condition of the medical and legal professions is not warranted by any positive demand.

Is this state of affairs the result of the pleasing delusion that through these avenues the largest returns may be expected from the least expenditure of labor and brains?

The inexorable race for wealth excites to the keenest competition and greatest degree of rivalry, demonstrating the Darwinian theory of the survival of the fittest.

But we have to deal with a condition and not a theory. This patent medicine business, from its earliest history, when the manufacturer commissioned his goods to the country storekeeper as well as the druggist, could never be regarded as legitimate from a professional point of view.

They were simply articles of merchandise then, as they are now, and ever will be. Why then has this sort of stock in trade assumed so much importance to us in these latter days? Is it because we have neglected the professional part of our calling for the merely commercial, that circumstances force us to enter into competition with department stores in the sale of merchandise, with the added evil of no return in profit, or are we the innocent victims of changed conditions of trade over which we have had no control?

Candor compels us to admit the truth of the impeachment, and blame ourselves for many of the ills we now endure. The question as to whether pharmacists are tradesmen or professionals is answered by the statement that they are both, and he who possesses in the highest degree the knowledge of the professional man with the ability of the merchant is most likely to attain the greatest success in the shortest time.

Admitting that we as druggists are greatly to blame for the present unfortunate state of the business, what then is the remedy but to return to the path from which we have strayed? Impressed with the conviction that we belong to a profession older than civilization, and as important and useful as any that engages the attention of man, our education and training has been in vain, if it has not made us competent in our calling.

Who so capable, then, as the skilled pharmacist to supply every medicinal want demanded by the physician or family, and what is to hinder him acquainting the faculty and laity of his vicinity with the fact that he is a factor as well as a vendor of drugs? It goes without saying that the pharmacist is but poorly equipped who cannot produce in their highest excellence every article whose formula is recorded in the United States Pharmacopœia and National Formulary.

To one so qualified, no difficulty would be experienced in constructing similar preparations to those last named.

The next thing in order is to take the physician into your confidence; show him your formulas; exhibit to him your products; supply him with samples; accept his suggestions and prove that you are his ally and friend.

This will be found not only good business policy, but eminently proper, from the fact that the physician and druggist are so intimately connected by a community of professional interests that it seems absurd to speak of their being antagonistic.

In the matter of those thousand and one preparations which come into daily family use, and for which there is a constant and steady demand, who is, or ought to be, so well qualified to supply that demand as the man educated for that specific purpose? It would be interesting to learn the reason why the

average druggist has failed to supply his own preparations to the community in which he is located, instead of being the middleman or distributing agent for the products of others.

One of the strong points with the cutter is to get off his own preparation when another's of a similar character is called for. The deficiency of the druggist in this particular has left a clear field for the enterprise of others, much to his own hurt. To illustrate in a practical way, let me tell you how one individual, well known to the writer, solved the patent medicine problem as far as his local trade is concerned, and how after twenty years' experience he is daily made to realize the correctness of his policy and the advantage resulting therefrom.

Of course, he feels but little interest in the burning question of cut prices, because he is not affected thereby, having a demand for his own remedies almost to the exclusion of all other preparations of like character.

At the beginning of his business career he started with the idea of dispensing the products of his own manufacture as far as practicable. Observing the demand for certain remedies and believing that he could prepare a better article at less price to the consumer, he set about working out a formula, which, meeting the approval of his own judgment, and that of several physicians, was put up and offered for sale, its merit proclaimed on every suitable and proper occasion, never, however, under any circumstance urging its sale when a similar preparation of another's make was demanded.

How often does it occur that the druggist is applied to for a remedy, leaving it to his judgment and discretion to supply the right article, which in all cases ought to be of his own manufacture.

This display of confidence on the part of the purchaser is but a just tribute to his professional character and standing, for it is largely on the pharmacist's reputation and good name, as an ally to his success, that the manufacturer has been banking, lo ! these many years, to introduce and sustain his preparations before the public, and he is now, seemingly, so willing, yea even anxious, to hold the druggist's good will and favor, that he will accede to any plan or adopt any scheme to protect the legitimate dealer in securing full prices for his products.

To remind us of where we stand and the awful danger we are in, he gravely tells us, unless something is speedily done to stop cutting in the retail price of his remedies, the drug business will be utterly ruined.

In the meantime the cutter goes merrily on his way, and the department stores get their supply of his goods as usual. Let us return to the experience of the individual whose operations as a factor we proposed to sketch.

After getting one remedy fairly introduced, whose sales increased by that slow but sure process of advertising—the recommendation on the part of the consumer, another preparation was introduced in like manner.

So, after the lapse of two decades, the limit seems to have been reached, in a full list, covering the entire field of demand, affording the utmost satisfaction, not only to the consumer, in better medicine at lower prices, but also that comfortable feeling of security, confidence and control on the part of the pharmacist, and besides a handsome return in profits as a just reward for his energy and enterprise.

I cannot too strongly urge upon all druggists the advantage to be gained

in the manufacture of their own proprietary remedies. It is the only means offered for your relief from the perplexities and vexations attending the present sale of nostrums. It removes you beyond the sphere of competition with the mere trader. It saves you from investing money in what often proves dead stock, or is frequently sold at no profit and less credit to your reputation.

On the other hand, you have a reasonable assurance of making a good reputation for yourself, increasing your usefulness, advertising your business in the most effective manner, and getting a fair compensation for your knowledge, skill and labor.

It may be objected that the counsel herein offered is more easily given than followed. So it would be, were you to undertake to cover the whole field at once, but you must remember that the permanent things of this world are slow of growth. The way to do is to begin with one preparation at a time and gradually add thereto.

It is needless to say that all your preparations should be the best that science and skill can produce, put up in neat form and in as large a quantity for the price as the case will admit; the use, merit and constituent of each to be set forth on label, wrapper, or circular in as clear and concise language as can be employed.

Design simply to supply a local demand, sell to the consumer as you are now doing in handling the preparations of someone else's make.

To refer once more to our acquaintance, in his desire to extend a knowledge of his remedies and widen the circle of their sales, a printing press and complement of job type was purchased, he being a firm believer in the potency of printer's ink and art preservative of all art.

Having no knowledge, however, of type-setting and job printing, but with a firm determination to learn the art or die in the attempt, and with a few hints from a practical printer and a steady application of every leisure moment, he in the course of a few years became, if not expert, at least a fairly rapid and correct type-setter, employing many an hour when business was dull and customers few, calling attention to his preparations through the medium of type, ink and paper. With this powerful auxiliary, his advertising expenses were reduced to a minimum, for when you can print a fair-sized circular at twenty cents per M (only counting paper and ink) you need not be limited as to quantity.

In conclusion then, we would say, manufacture in your own laboratory everything that it is possible and profitable for you to make, and don't be too modest in making your wares known.

This I apprehend is an answer at least in a measure to the query: How can the retail druggist be relieved of the burden of keeping so many proprietary medicines?—*From Proceedings of the Pennsylvania Pharmaceutical Association* (1892).

ITEMS.

ZETA PHI SOCIETY.—On Wednesday evening, October 26, 1892, the Senior Society of the P. C. P. met for organization. Temporary organization was effected by the selection of Adolph W. Miller, Ph.G., as Chairman, with J. W. England, Ph.G., as Secretary, and Frank G. Ryan, Ph.G., as Treasurer.

One hundred and twenty-one members signed the constitution, after which nominations were made for the several offices. Tellers were appointed, and while they were counting the vote, Dr. Miller entertained the audience with a number of admirable recitations, given as he can so well give them.

The following officers were elected: President, W. G. Shallcross; Vice-President, Edwin Kennedy; Treasurer, E. C. Keefer; Secretary, Geo. W. Davis; Executive Committee, Samuel B. Kirk, Geo. Y. Wood, John D. Sutton, John W. Sheppard, Geo. W. Horting.

——N. B. Danforth, Ph.G., '73, is President of the Delaware State Association.

——E. S. Dawson, Jr., Ph.G., '74, is Secretary of the New York State Board of Pharmacy.

——Mary O. Miner, Ph.G., '90, is Secretary of the Kansas State Pharmaceutical Association.

——J. O. Burge, Ph.G., '76, is President of the Tennessee State Pharmaceutical Association.

——J. W. Angle, Ph.G., '92, is clerking in Memphis, Tenn., with J. S. Robinson, Ph.G., '69.

——F. A. Lyneman, Ph.G., '77, is Secretary of the Colorado State Pharmaceutical Association.

——Benj. Shoemaker, Ph.G., '66, is apothecary at the Presbyterian Hospital, West Philadelphia.

——W. H. Naulty, Ph.G., '62, is New York Manager for the Amberg File and Index Company, of Chicago.

——F. S. Hughes, Ph.G., '90, has purchased a drug store at Fifteenth and Oxford Streets, Philadelphia.

——C. H. Campbell, Ph.G., '90, conducted the drug store at Cresson Springs, Pa., during last summer.

——Horace Moll, Ph.G., '83, has opened a store at Thirty-ninth Street and Lancaster Avenue, Philadelphia.

——John N. G. Long, Ph.G., '87, has purchased from H. F. Voshage his store at Twentieth and Diamond Streets.

——I. D. Maller, Ph.G., '89, has opened a new pharmacy at Seventeenth Street and Passyunk Avenue, Philadelphia.

——Dr. Charles H. Baker, Ph.G., '82, has opened a new pharmacy at Sixteenth and Clearfield Streets, Philadelphia.

——Wm. Conner., Ph.G., '75, has sold out his business in Germantown to F. P. Riedenauer, Ph.G., '88, to practice medicine.

——C. F. Cartwright, Ph.G., '90, has removed his store from Tenth and Thompson Streets to Twelfth and Jefferson Streets, Philadelphia.

——F. Wm. Pantzer, Ph.G., '86, was in Philadelphia last month, and paid the College a visit. He has a flourishing business in Indianapolis.

——C. T. Heller, Ph.G., '86, is Secretary of the Minnesota State Pharmaceutical Association. He lately paid a visit to his friends in Philadelphia and called at the College.

——Jacob Eppstein, Ph.G., '92, visited his parents in Hoppstedten, Germany, this summer. He has returned and accepted a situation with H. F. Backenstoe, Ph.G., '88, of this city.

——H. W. Buch, Ph.G., '92, is at Fitchburg, Mass.; A. J. Blank, Ph.G., '92, at Danbury, Conn.; J. P. Failing, Ph.G., '92, at Albany, N. Y., and R. M. McFarland, Ph.G., '92, at Paducah, Ky.

——Clarence H. McCoy, Ph.G., '86, has been appointed by Governor Thomas a member of the Utah Board of Pharmacy. He is also Secretary of the Utah State Pharmaceutical Association.

——Dr. J. L. D. Morison, Ph.G., '88, of the Alumni Executive Board, has purchased and refurnished the pharmacy at Tenth and Cumberland Streets, this city. His many friends will wish him the best of success in his venture.

——Inadvertently, the October issue of THE REPORT was wrapped before mailing, and the phototype of Professor Remington was creased. This, however, can be removed, and the picture prepared for framing, by steaming it slightly, placing it between several layers of newspapers, protecting its surface with a sheet of white paper, and ironing with a hot iron.

——The State Pharmaceutical Examining Board of Pennsylvania had 251 candidates for examination before it at recent examinations held in this city and Pittsburg, of whom 129 applied for registered pharmaceutists' certificates, and 122 for qualified assistants' certificates. Thirty-six of the former and forty-one of the latter class were successful. The next examination will be held in this city in January. Applicants should apply to the Secretary of the Board, A. B. Burns, Montrose, Pa., after the middle of December, for the necessary blank form of application and the exact time and place of examination. They should state for which certificate they wish to be examined.

——Dr. Samuel A. Brown, Ph.G., '67, has been nominated for the Seventh Congressional District of New York City, and as he is very popular in his district on account of the interest he has taken in the public welfare, especially in works of charity, the chances for him to achieve Congressional honors are good. He was a delegate to the last State Convention of New York from the First Assembly District, and has been a member of the Republican County Committee. Dr. Brown is a Philadelphia boy of the old Moyamensing District. He spent many of his early boyhood days in the store of Robert England, of this city, and many a penny for licorice root, of which he was inordinately fond. He laughingly declares that it was this licorice root which charmed his boyish fancy and lured him to his fate. After graduation at the College in 1867, he sighed for other pharmaceutical worlds to conquer, and hied himself to his present abode, where he has been eminently successful as a pharmacist and as a physician. We trust—we know, that if he should be elevated to the distinguished position for which he has been nominated, that he will not be afflicted with that most unfortunate of human maladies—megalocephalus.

Autumnal Specialties.

After the Summer outing, with its frequently unsanitary accompaniments, a condition of general malaise and ennui ensues, which creates a special demand for Tonics and Anti-Periodics. Among some serviceable products of this character we invite attention to the following:

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We shall be pleased to forward, on request, any information desired concerning these products.

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No deleterious chemical substances are used in its composition.

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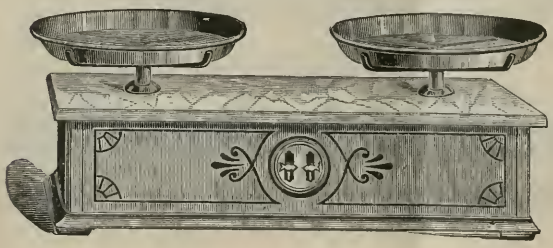

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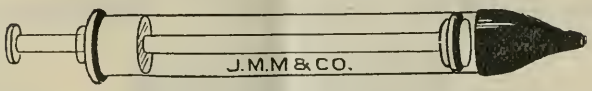

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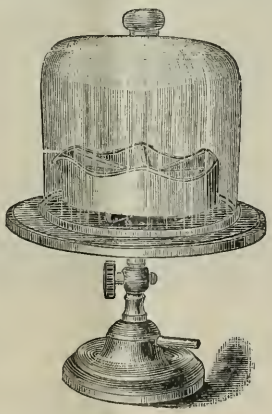

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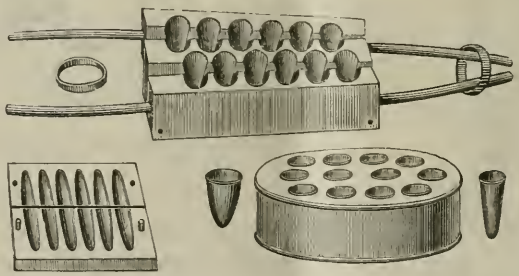

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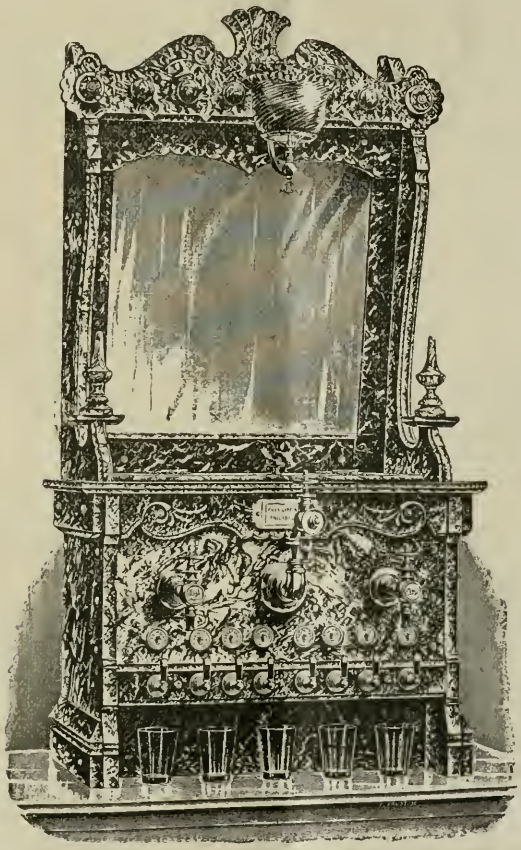

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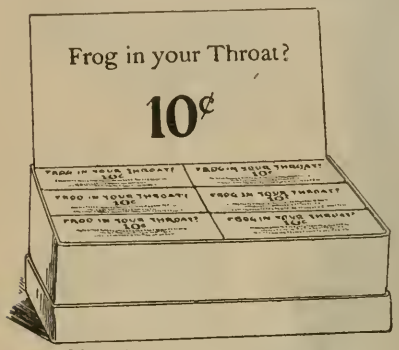
is one of our "Helps." The self-selling box on the counter does all but take the money.

He who runs will read; and he who reads is a customer. Now you can sell him sundries and drugs.



This is how the box looks on your counter or in your window.

Every time you surprise a customer with a new and agreeable anything you strengthen and lengthen your trade in everything.

"Well bought is half sold" is a maxim with merchants. It has two meanings.

Know what you buy. Buy of a maker who makes good goods. Take no chance of doubtful goods.

And buy close. Make your money go as far as you can.

But don't get up a trade with good goods and lose it by trying to sell imitations and substitutes.

There is no better druggist's assistant than "Frog in your Throat? 10c." It drums up trade and attends to it.

Soda is everywhere; but not fine soda. Millions of people have never tasted it fine, but they will at the first opportunity.

That is your opportunity.

To be a druggist is more than to serve soda agreeably; but you need not fear competition from those that fail in soda-water.

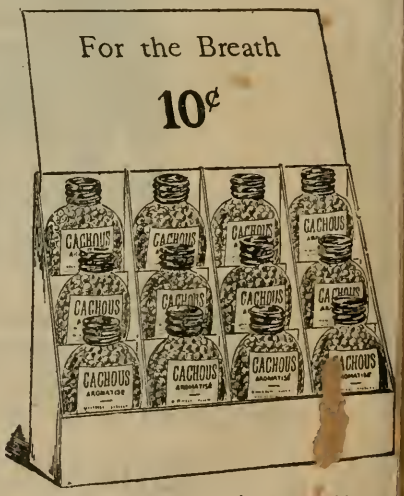
There is no season to stop liking fine soda.

There is no use in buying fine fruit juices unless you take pains.

A druggist will not pay that extra tenth of a cent a glass until he has made up his mind to take pains with his soda.

There are many ways to make or mar your soda trade.

The first thing to think of is flavor; but plenty of ice, thin glasses, daintiness, courtesy—what of these?



Can you imagine anything better than this?

Philadelphia, Callowhill and Marshall Streets.
New York, 17 Platt Street.
Boston, 11 Portland Street.
Chicago, 59 Lake Street.
Pittsburgh, Bissell Build'g.

HANCE BROTHERS & WHITE,
Pharmaceutical Chemists.

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The Philadelphia College of Pharmacy.

THIS Institution early recognized that it is as impossible to teach Pharmacy and Chemistry by means of lectures alone, as it is to teach the art of compounding prescriptions from books and without actual store practice. There are, therefore, the following practical departments:

THE PHARMACEUTICAL LABORATORY.

To enable the student to practically acquire that which he has seen demonstrated on the lecture table, and to carry out many operations for which he has not had the conveniences in the store.

THE CHEMICAL LABORATORY.

To enable the student to learn the practical side of chemistry, a branch that cannot be studied in any other way.

THE MICROSCOPICAL LABORATORY.

Under charge of the Alumni Association to supplement the instruction given by the Professor of Materia Medica and Botany.

All of these departments are open to *Graduates* of the College, who may wish to pursue a *Post Graduate Course*, with a view of obtaining special certificates in the various branches, or of competing for the Degree of Master in Pharmacy, Ph.M.

For further information, write for the Seventy-second Annual Announcement.

THOMAS S. WIEGAND,

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Triumphs of Pharmaceutical Skill in the Extraction of Active Principles from the Animal Stomach.

Fairchild's Essence of Pepsine.

An aromatic, carminative essence, as agreeable as an after-dinner liqueur, and yet containing all the active principles of the fresh calf rennet in an exceedingly active form. This is the first and only preparation of its kind, made by direct maceration from the calf rennet, and has for ten years maintained its superiority over all the wines, elixirs, etc., of pepsin.

Fairchild's Glycerinum Pepticum.

Glycerine is the only substance which is at once a solvent and a preservative, and this admirable extractive of the digestive ferment has been for the first time successfully applied on a manufacturing scale by Fairchild Bros. & Foster in producing a highly concentrated, stable solution of pepsin.

Glycerinum Pepticum is instantly soluble in all media, and is of the greatest practical value in pharmacy, in the physiological laboratory, as a surgical solvent, and for all purposes for which pepsin is required in solution.

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82 and 84 Fulton Street, New York City.